

Foster Family Home - Corrective Action Report

Provider ID: 1-559148

Home Name: Josephine Pascua, CNA

Review ID: 1-559148-9

94-423 Hokualea Street

Reviewer: David Ayling

Mililani HI 96789

Begin Date: 12/9/2019

Foster Family Home

Required Certificate

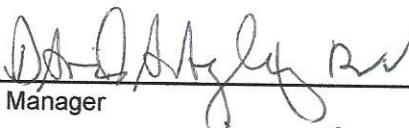
[11-800-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification.

6.(d)(1) - Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

12/9/19
Date

12/9/19
Date